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Substitute for Form PTO-875

Application or Doctor's Name:

(Column 1)

(Column 2)

GR

OTHER THAN

GR

| RATE | FEE |
|--------------|----------|
| | \$ _____ |
| x \$ _____ | |
| x \$ _____ | |
| + \$ _____ | |
| TOTAL | |

| RATE | FEE |
|-------|------|
| 700 | 77C |
| 18 | 149 |
| 86 | 86 |
| TOTAL | 1700 |

* If the difference in column 1 is less than zero, enter "0" in column 2

No

(Column 2)

(Column 3)

OR

OTHER THAN

•

| RATE | ADDITIONAL FEE |
|-----------------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADDL FEE | |

| RATE | ADDITIONAL FEE |
|-------------------------|-------------------|
| X 5 . | |
| X 5 . | |
| 45 . | |
| TOTAL ADDITIONAL FEE | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))

3-2-07

(Column 1)

(Column 2)

(Cotton 3)

• • •

11

| RATE | ADDITIONAL FEE |
|------------------------|----------------|
| X 1 _____ = | |
| X 5 _____ = | |
| + 1 _____ = | |
| TOTAL ADD'L FEE | |

| RATE | ADDITIONAL FEE |
|----------------|----------------|
| X 5 | — |
| X 6 | — |
| X 7 | — |
| X 8 | — |
| TOTAL ADDL FEE | — |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(c))

2.11.21

(Column 1)

(Column 2)

(Column 3)

1
2
3

•
•
•

| RATE | ADDITIONAL FEE |
|-----------------|----------------|
| X \$ _____ | |
| X \$ _____ | |
| + \$ _____ | |
| TOTAL ADD'L FEE | |

| RATE | ADDITIONAL FEE |
|-----------------|----------------|
| K's | |
| K's | |
| K's | |
| TOTAL ADD'L FEE | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (JACHR 1.10.0)

* If the entry in column 1 is less than the entry in column 2, write 'U' in column 3.

* B to: "Highest Number Previous, Paid For" IN THIS SPACE is less than 20, enter "20"

... If the "Highest Possible Priority" (b) (7) (D) THIS SPACE is less than 3, enter "3"

The "Highest Number Fre. Wash. Fed Frs" (total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the author, which is to be used by the USPTO to promote innovation. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This does not mean it is intended to take 12 minutes to complete, including gathering, preparing, and entering the completed application form. The USPTO has made it clear that the time taken to complete the form is not a factor in the number of times you request your fee rate. It is not a suggestion for requiring the inventor, applicant, or agent to provide additional information. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. TEL: 800-999-5929. FAX: 703-285-1450. E-MAIL: PATENT@USPTO.GOV. COMPLETED FORMS TO THE ATTORNEY GENERAL, U.S. Department of Justice, P.O. Box 1450, Alexandria, VA 22313-1450.